



CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8		
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, Mail Stop Missing Parts, P.O. Box 1450, Alexandria, VA 22313-1450, on the below date:		
Date: <u>March 2, 2006</u>	Name: <u>G. Peter Nichols</u>	Signature: <u><i>G. Peter Nichols</i></u>

10710/281 (PTG 0755 PUS2)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Dils et al.)	
)	
Serial No. 10/822,321)	
)	Examiner Howell
Filing Date: April 12, 2004)	
)	Group Art Unit No. 3722
For HAND-HELD TOOL CONTAINING)	
A REMOVABLY ATTACHABLE)	
OBJECT SENSOR)	

PETITION AND FEE FOR EXTENSION OF TIME (37 CFR § 1.136(a))

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is a petition for an extension of the time to respond to the outstanding Office Action dated November 17, 2005 for a period of one month to and including March 17, 2006.

- ☒ Applicant:
- ☐ claims small entity status. See 37 C.F.R. §1.27.
- ☒ is other than small entity

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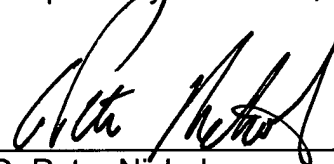
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	<u>Extension Months</u>	<u>Other Than Small Entity</u>	<u>Small Entity</u>
<input checked="" type="checkbox"/>	One Month	\$120.00	\$60.00
<input type="checkbox"/>	Two Months	\$450.00	\$225.00
<input type="checkbox"/>	Three Months	\$1,020.00	\$510.00
<input type="checkbox"/>	Four Months	\$1,590.00	\$795.00
<input type="checkbox"/>	Five Months	\$2,160.00	\$1,080.00

Fee Payment

- ☒ Attached is a check for \$120.00 for the Petition fee.
- ☐ Attached is a credit card authorization form for \$_____ for the Petition fee.
- ☒ Charge Petition fee to Deposit Account No. 23-1925. A duplicate copy of this Petition is attached.
- ☒ Charge any additional fee required or credit for any excess fee paid to Deposit Account No. 23-1925. A duplicate copy of this Petition is attached.

Respectfully submitted,



G. Peter Nichols
Registration No. 34,401
Attorney for Applicants

Dated: March 2, 2006

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